

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
MUHAMMAD J. KAHN,

Plaintiff(s),

-against-

CIV NO.
PLAINTIFF DEMANDS A TRIAL
BY JURY

VERIFIED COMPLAINT

THE UNITED STATES OF AMERICA,
THE UNITED STATES POSTAL SERVICE and
SHELLY S. MCINTOSH-GARRAWAY,

Defendant(s).
-----X

Plaintiff, MUHAMMAD J. KAHN, by his attorneys, JOSEPH R. BONGIORNO &
ASSOCIATES, P.C., as and for his Complaint against defendants, THE UNITED STATES OF
AMERICA, THE UNITED STATES POSTAL SERVICE and SHELLY S. MCINTOSH-GARRAWAY,
alleges as follows:

PARTIES

1. Plaintiff, MUHAMMAD J. KAHN, at all times mentioned herein, has resided in the County of Kings, City and State of New York.
2. That at all times mentioned herein, the defendant, THE UNITED STATES POSTAL SERVICE, was and still is an independent agency of the executive branch of the defendant, THE UNITED STATES OF AMERICA.
3. That at all times mentioned herein, the defendant, SHELLY S. MCINTOSH-GARRAWAY, was and still is an employee of the defendants, THE UNITED STATES OF AMERICA and THE UNITED STATES POSTAL SERVICE, acting within the furtherance of said employment under the circumstances as alleged herein.

JURISDICTION STATEMENT

4. This Court has subject matter jurisdiction in this action pursuant to 28 U.S.C. §§ 1331, 1346(b), 2671 et. seq., 2674 et. seq., and 2675 et. seq.
5. Venue in this district is proper pursuant to 28 U.S.C. §§ 1391(e)(1)(b) and 1402(b).

6. The amount in controversy exceeds, exclusive of interest and costs, the sum of SEVENTY-FIVE THOUSAND (\$75,000.00) DOLLARS.
7. That on or about January 22, 2021, the plaintiff, MUHAMMAD J. KAHN, properly filed a standard claim form for damages, injuries or death with the United States Postal Service, in the Tri Borough District Office, at 1050 Forbell Street, Brooklyn, New York 11256. (See **Exhibit A**).
8. On August 10, 2021, the Law Department, National Tort Center for the defendant, UNITED STATES POSTAL SERVICE, sent a denial letter, and the instant action is commenced within six months of their administratively denying the plaintiff, MUHAMMAD J. KAHN's claim. (See **Exhibit B**).

**AS AND FOR A FIRST CAUSE OF ACTION
AGAINST THE DEFENDANTS**

9. That at all times mentioned herein, the defendants, THE UNITED STATES OF AMERICA and THE UNITED STATES POSTAL SERVICE, their agents, servants and/or employees, including but not limited to the defendant, SHELLY S. MCINTOSH-GARRAWAY, owned, operated, maintained, controlled and/or supervised a Freightliner Box Truck bearing plate number 3510372.
10. That at all times mentioned herein, the defendants, THE UNITED STATES OF AMERICA and THE UNITED STATES POSTAL SERVICE, their agents, servants and/or employees, including but not limited to the defendant, SHELLY S. MCINTOSH-GARRAWAY, owned, operated, maintained, controlled and/or supervised a Freightliner Box Truck.
11. That at all times mentioned herein, the defendant, SHELLY S. MCINTOSH-GARRAWAY, operated said Freightliner Box Truck with the permission and consent, either expressed or implied, of the defendants, THE UNITED STATES OF AMERICA and THE UNITED STATES POSTAL SERVICE.

12. That at all times mentioned herein, the defendant, SHELLY S. MCINTOSH-GARRAWAY, operated said Freightliner Box Truck in the course of her employment with the defendants, THE UNITED STATES OF AMERICA and THE UNITED STATES POSTAL SERVICE.
13. That at all times mentioned herein, Atlantic Avenue west of its intersection with Clermont Avenue, in the County of Kings, City and State of New York, was and still is a public roadway.
14. That on or about February 15, 2019, at approximately 6:13 p.m., the vehicle operated by the defendant, SHELLY S. MCINTOSH-GARRAWAY, and owned by the defendants, THE UNITED STATES OF AMERICA and THE UNITED STATES POSTAL SERVICE, came into violent contact with the left front quarter panel of the vehicle operated by the plaintiff, MUHAMMAD J. KAHN.
15. That the foregoing occurred by reason of the negligence, carelessness, and recklessness of the defendants, THE UNITED STATES OF AMERICA, THE UNITED STATES POSTAL SERVICE and SHELLY S. MCINTOSH-GARRAWAY, in the ownership, operation, maintenance, control and/or supervision of their motor vehicle without any negligence on the part of the plaintiff, MUHAMMAD J. KAHN, contributing thereto.
16. That as a result of the foregoing, the plaintiff, MUHAMMAD J. KAHN, sustained serious, severe and protracted injuries rendering him sick, lame and sore, and in need of medical aid and attention.
17. That said injuries constitute a serious injury as defined by § 5102(d) of the Insurance Law or economic loss greater than the basic economic loss as defined in § 5102(a) of the Insurance Law.
18. That as a result of the foregoing, the plaintiff, MUHAMMAD J. KAHN, demands judgment against the defendants, THE UNITED STATES OF AMERICA, THE UNITED STATES POSTAL SERVICE and SHELLY S. MCINTOSH-GARRAWAY, in the sum of FIVE HUNDRED THOUSAND (\$500,000.00) DOLLARS.

**AS AND FOR A SECOND CAUSE OF ACTION
AGAINST THE DEFENDANTS**

19. Plaintiff, MUHAMMAD J. KAHN, repeats, reiterates and realleges each and every allegation contained in paragraphs marked and designated "1" through "16" with the same force and effect as if each were hereinafter set forth at length.
20. That at all times mentioned herein, the plaintiff, MUHAMMAD J. KAHN, was the owner of a 2006 Toyota SW/SUV bearing New York State license plate number HYB5178.
21. That as a result of the foregoing negligence, carelessness and recklessness of the defendants, THE UNITED STATES OF AMERICA, THE UNITED STATES POSTAL SERVICE and SHELLY S. MCINTOSH-GARRAWAY, in the ownership, operation, maintenance, control, and/or supervision of the said Freightliner Box Truck, said motor vehicle owned by the plaintiff, MUHAMMAD J. KAHN, sustained substantial damage.
22. That as a result of the foregoing, the plaintiff, MUHAMMAD J. KAHN, demands judgment against the defendants, THE UNITED STATES OF AMERICA, THE UNITED STATES POSTAL SERVICE and SHELLY S. MCINTOSH-GARRAWAY, in the sum of ONE THOUSAND FIVE HUNDRED (\$1,500.00) DOLLARS.

WHEREFORE, the plaintiff, MUHAMMAD J. KAHN, demands judgment against the defendants, THE UNITED STATES OF AMERICA, THE UNITED STATES POSTAL SERVICE and SHELLY S. MCINTOSH-GARRAWAY on the First Cause of Action in the sum of FIVE HUNDRED THOUSAND (\$500,000.00) DOLLARS and on the Second Cause of Action, in the sum of ONE THOUSAND FIVE HUNDRED (\$1,500.00) DOLLARS, together with the costs, disbursements and attorneys' fees of this action.

Dated: Mineola, New York
October 26, 2021

Yours, etc.

JOSEPH R. BONGIORNO & ASSOCIATES, P.C.

Attorneys for the plaintiff, MUHAMMAD KAHN

By: 

JOSEPH R. BONGIORNO, ESQ. (1832)

220 Mineola Boulevard

Mineola, NY 11501

(516) 741-2405

VERIFICATION

STATE OF NEW YORK)
 ss.:
COUNTY OF NASSAU)

JOSEPH R. BONGIORNO, being duly sworn, deposes and says:

That he is the attorney for the plaintiff, MUHAMMAD J. KAHN, in the within action.
That he has read the foregoing VERIFIED COMPLAINT and knows the contents thereof; that
the same is true to the knowledge of deponent, except as to the matters therein stated to be
alleged upon information and belief, and that as to those matters, he believes it to be true.

That the source of deponent's information is papers and records in deponent's possession and file.

That the reason this Verification is made by your deponent and not by said plaintiff is that the
plaintiff is not within the County where deponent maintains his office.

JOSEPH R. BONGIORNO

Sworn to before me this
27th day of October 2021

Elvia Marisol Teran
Notary Public

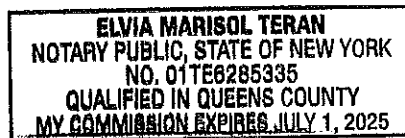


EXHIBIT “A”

**THE LAW OFFICES OF
JOSEPH R. BONGIORNO & ASSOCIATES, P.C.**

**ATTORNEYS AT LAW
250 Mineola Boulevard
Mineola, N.Y. 11501**

(212) 753- 8901

(516) 741-2405

(201) 493-7125

FAX: (516) 741-2554

E-mail: JRBLAWFIRM@AOL.COM

JOSEPH R. BONGIORNO *
***ADMITTED IN N.Y. & N.J.**
****ADMITTED IN CT**

OF COUNSEL

DONALD N. RIZZUTO**

Hon. ALLAN JENNINGS **(NYC Council 2001-2005)

MARYLYN P. LIPMAN*

HENRY M. IERVOLINO

January 22, 2021

Overnight Delivery
United States Postal Service
Tri Borough District
1050 Forbell Street
Brooklyn, New York 11256
Attn: Maura Nunez

Re: Mohammed Kahn v. USPS
Notice of Intention to Sue

Dear Ms. Nunez:

Please find enclosed an original and one copy of a notice of Intention to Sue submitted on behalf of our client, Mohammed Kahn relating to an automobile accident that occurred on February 5, 2019.

I would appreciate if you could date stamp the copy and return same in the self-addressed, stamped envelope provided.

Thank you for your courtesy and attention to this matter.

Very truly yours,



Joseph R. Bongiorno

JRB/mc

NEW JERSEY OFFICE: 411 Hackensack Avenue, Hackensack, New Jersey 07601
BRONX OFFICE: 2565 Frisby Avenue, Bronx, New York 10462
PLEASE RESPOND TO THE NY OFFICE

FORM APPROVED
OMB NO. 1105-0008**CLAIM FOR DAMAGE,
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

1. Submit to Appropriate Federal Agency:

USPS, Triborough District
1050 Forbell Street,
Brooklyn, New York 112562. Name, address of claimant, and claimant's personal representative if any.
(See instructions on reverse). Number, Street, City, State and Zip code.Mohammed Khan
145 S. Portland Avenue
Brooklyn, New York 11217

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

11/10/1951

5. MARITAL STATUS

Widowed

6. DATE AND DAY OF ACCIDENT

2/15/2019

Friday

7. TIME (A.M. OR P.M.)

6:13 p.m.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

An automobile accident that occurred on Atlantic Avenue west of Clermont Avenue in Brooklyn, New York when the vehicle operated by the Claimant that was at a stop facing westbound on Atlantic Avenue was struck on the left front quarter panel by a USPS vehicle operated by Shelly S. McIntosh-Garraway traveling westbound on Atlantic Avenue.

PROPERTY DAMAGE

9.

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.
(See instructions on reverse side).

Left front quarter panel, left front tire, front bumper and windshield. Claimant has vehicle at his residence.

PERSONAL INJURY/WRONGFUL DEATH

10.

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

C3-C4, C4-5, C5-C6 & C6-C7 disc herniations with bilateral neural foraminal narrowing; L3-L4 & L4-L5 disc herniations with nerve root impingements; postive EMG; tear of the superior labrum of the left shoulder with tendinosis & bursal fraying of the supraspinatus and infraspinatus tendons; all are permanent in their nature and/or sequela; and have resulted in (see attached)

WITNESSES

11.

ADDRESS (Number, Street, City, State, and Zip Code)

NAME

Monique White
Joan Lynchaddress unknown
address unknown

12. (See instructions on reverse).

AMOUNT OF CLAIM (In dollars)

12a. PROPERTY DAMAGE

appx \$1,500.00

12b. PERSONAL INJURY

500,000.00

12c. WRONGFUL DEATH

n/a

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

\$501,500.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

646-400-7428

14. DATE OF SIGNATURE

1/22/2021

CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

GEICO Insurance, P.O. Box 9507, Fredericksburg, VA 22403
Claim No. 031854068-0101-088 Policy No. 4089-51-71-24

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No

17. If deductible, state amount.

Claim was filed for personal injury protection

no deductible

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

Carrier is paying medical bills incurred

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

no

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested persons, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.
C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

10. **continued** – pain and disability; inability to engage in his usual and customary daily household and social activities. Medical bills have been incurred for care and treatment.

ATTACHMENTS:

- (1) Police Report
- (2) Medical Records from A to Z Medical Care, P.C.
- (3) Photographs of the Vehicles

6/27/2019

A to Z MEDICAL CARE P.C.
 92 - 05 ROCKAWAY Blvd, 1st Flr .
 OZONE PARK, N.Y 11417
 Tel: 347 475-0078

Patient: KHAN, MOHAMMAD.

CHIEF COMPLAINT:

Patient is 67 year old Male who presents with neck pain radiating to the both upper extremities. These symptoms have been present for more than 2 months.

The study was performed to further document, isolate and localize the level of possible lesion as suggested by clinical symptomatology and rule out radiculopathy.

Motor Nerves

Site	NR	Onset (ms)	O-P Amp (mV)	Segment Name	Delta-O (ms)	Dist (cm)	Vel (m/s)
Left Ulnar (Abd Dig Min)							
Wrist		2.42	8.36	B Elbow-Wrist	4.53	27	59.60
B Elbow		6.95	7.85				
Right Ulnar (Abd Dig Min)							
Wrist		3.05	8.47	B Elbow-Wrist	4.45	27	60.67
B Elbow		7.50	7.73				
Right Median (Abd Poll Brev)							
Wrist		3.83	3.23	Elbow-Wrist	6.17	26	42.14
Elbow		10.00	2.03				
Left Median (Abd Poll Brev)							
Wrist		3.67	6.74	Elbow-Wrist	5.63	26	46.18
Elbow		9.30	6.32				

Sensory Nerves

Site	NR	Onset (ms)	O-P Amp (µV)	Segment Name	Delta-O (ms)	Dist (cm)	Vel (m/s)
Right Median Sen (2nd Digit)							
Wrist	NR			Wrist-2nd Digit			
Left Median Sen (2nd Digit)							
Wrist	NR			Wrist-2nd Digit			
Left Ulnar Sen (5th Digit)							
Wrist	NR			Wrist-5th Digit			
Right Ulnar Sen (5th Digit)							
Wrist	NR			Wrist-5th Digit			

Patient: KHAN, MOHAMMAD.

Test Date: 6/27/2019

p. 2

FWave/HReflex

NR	Lat1 (ms)	Lat2 (ms)	Delta (ms)	Amp (μ V)
Left Median-F (APB)	26.84	0.00	26.84	
Left Ulnar-F (ADM)	30.82	0.00	30.82	
Right Median-F (APB)	27.14	0.00	27.14	
Right Ulnar-F (ADM)				

EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Reert	Int Pat	Comment
Both	Levator Scap	Dorsal Scap	C3-5	Nml	0	0	Nml	Nml	Nml	Nml	Nml	Complete
Both	Biceps	Musculocut	C5-6	Nml	0	0	Nml	Nml	Nml	Nml	Nml	Complete
Both	Deltoid	Axillary	C5-6	Nml	0	0	Nml	Nml	Nml	Nml	Nml	Complete
Both	BrachioRad	Radial	C5-6	Nml	0	0	Nml	Nml	Nml	Nml	Nml	Complete
Both	Flex CarRad	Median	C6-7	Nml	0	0	Nml	Nml	Nml	Nml	Nml	Complete
Both	Triceps	Radial	C6-7-8	Nml	0	0	Nml	Nml	Nml	Nml	Nml	Complete
Both	CervPara C5-6	Rami	C5-6	Nml	0	0	Nml	Nml	Nml	Nml	Nml	Complete
Both	CervPara C6-7	Rami	C6-7	Nml	0	0	Nml	Nml	Nml	Nml	Nml	Complete
Both	CervPara C7-8	Rami	C7-8	Nml	0	0	Nml	Nml	Nml	Nml	Nml	Complete

SUMMARY OF FINDINGS:

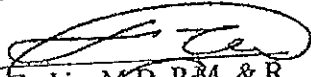
The bilateral ulnar motor nerves revealed normal distal latency, normal amplitude and normal conduction velocity. The right median motor nerve revealed normal distal latency, normal amplitude and decreased conduction velocity. The left median motor nerve revealed normal distal latency, decreased amplitude and decreased conduction velocity. The sensory nerve action potentials of the bilateral median and ulnar nerves were unobtainable. The bilateral median and ulnar F-wave latencies were normal. EMG Needle examination was performed with a monopolar disposable needle on the muscles indicated above. Study revealed no signs of electrical instability.

IMPRESSION:

The above electrodiagnostic study reveals evidence of a bilateral sensorimotor median and bilateral sensory ulnar nerves lesion.

RECOMMENDATIONS:

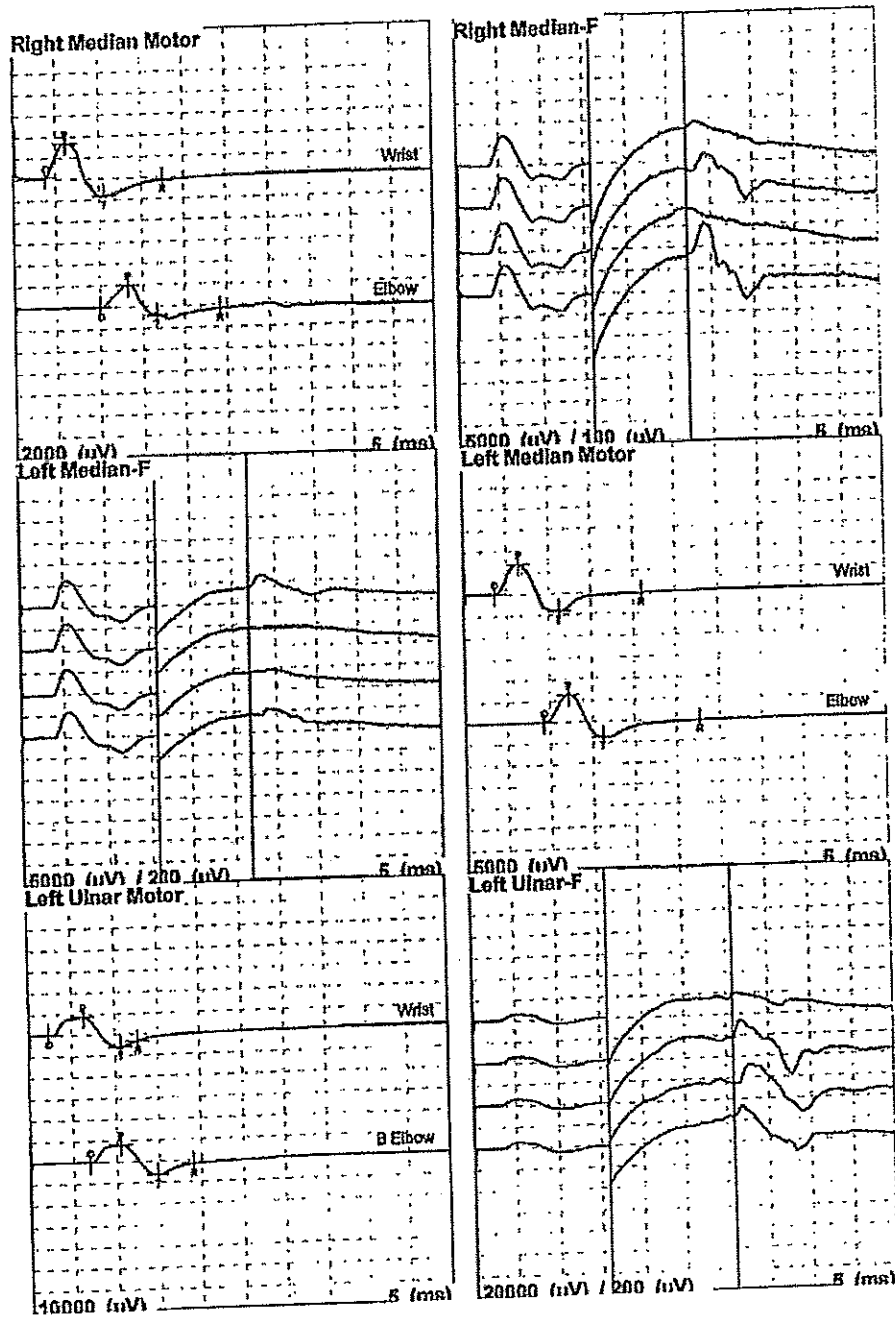
Since the clinical symptoms are persistent, the patient should continue the treatment, including physical therapy, massage, electro-stimulation, strengthening and stretching exercises, and chiropractic manipulations. Should the symptoms persist further, a follow up neurophysiologic study would be useful in continuous management of this patient's case.


 Lily Zarhin, M.D. P.M. & R

Patient: KHAN, MOHAMMAD.

Test Date: 6/27/2019

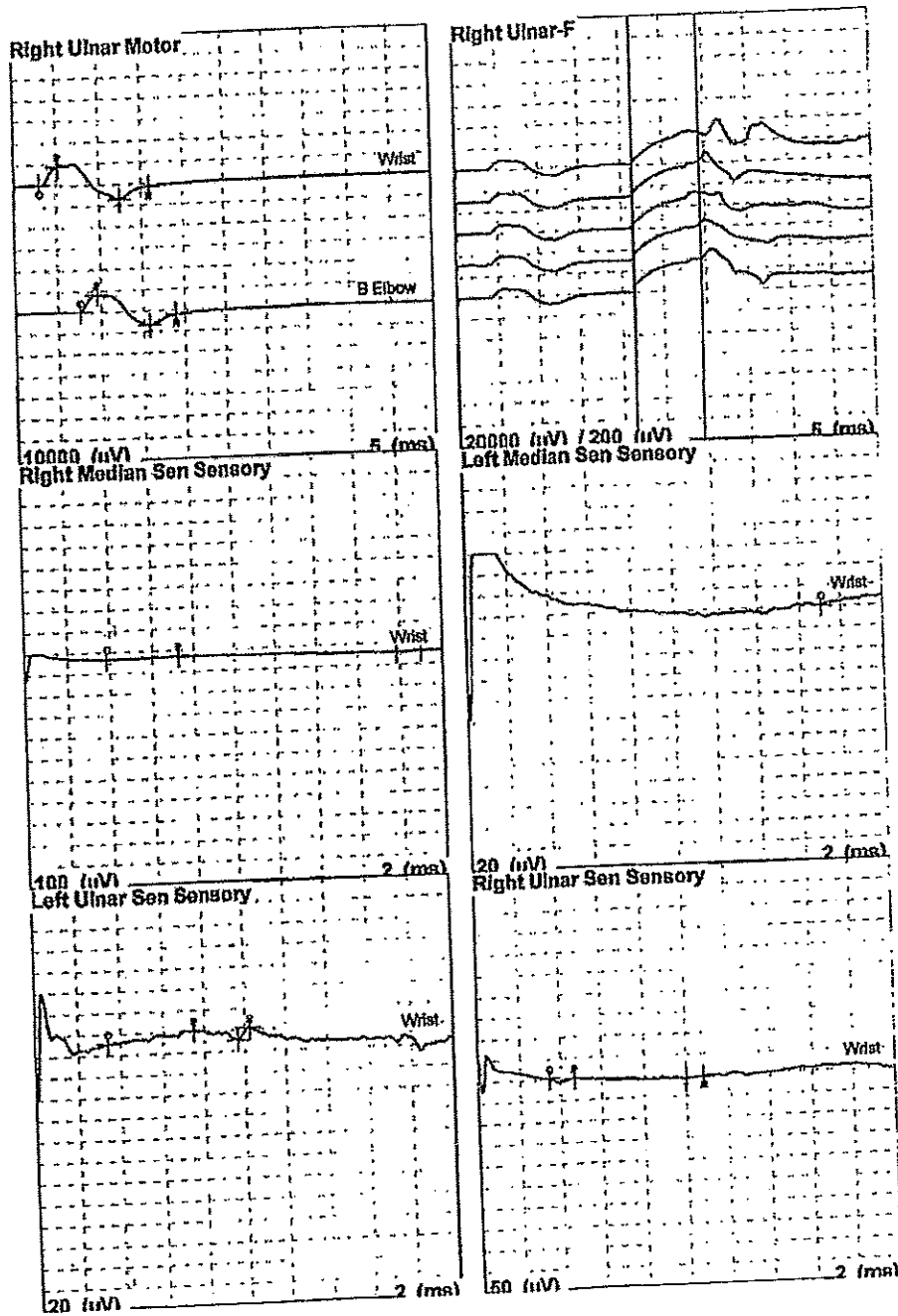
p. 3



Patient: KHAN, MOHAMMAD.

Test Date: 6/27/2019

p. 4





65-55 Woodhaven Blvd., Rego Park, NY, 11374
Tel: (718) 275-2200 Fax: (718) 275-7800
www.citimedny.com

PATIENT NAME: KHAN, MOHAMMAD
DATE OF BIRTH: 11/10/1951
MRN #: WD7686
DATE OF SERVICE: 06/02/2019
REFERRING PHYSICIAN: CHARLES HIGUERA, DC

MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

INDICATION: Back pain, rule out HNP.

TECHNIQUE: T1, T2 and STIR sequences of the lumbar spine were obtained.

COMPARISON: No prior studies were available for comparison at the time of dictation.

FINDINGS: The distal spinal cord is normal in signal. The conus medullaris is located at a normal level.

L3-L4 and L4-L5 diffuse posterior disc bulges with moderate bilateral foraminal narrowing and mild facet joint widening and superimposed broad-based posterior central herniations are narrowing lateral recesses, impinging traversing L4 and L5 nerve roots.

The remainder of the lumbar disc levels are of normal height and hydration, demonstrating no evidence of significant bulge or herniation.

There is no fracture or listhesis. Vertebral marrow signal is preserved.

There is normal lumbar lordosis.

IMPRESSION:

L3-L4 and L4-L5 broad-based posterior central acute herniations and regional traversing nerve roots impingement.

Thank you for the opportunity to participate in the care of this patient.

B.V. Reddy MD

B.V. REDDY, M.D.
Diagnostic Radiologist and Nuclear Medicine Physician
Diplomate of ABNM and ABR
Body/MRI and Breast Imaging Specialist
ER Radiologist

To: "A . J Z MEDICAL CARE, PC" From: CDI : gcs: 2



65-55 Woodhaven Blvd., Rego Park, NY, 11374
Tel: (718) 275-2200 Fax: (718) 275-7800
www.citimedy.com

PATIENT NAME: KHAN, MOHAMMAD
DATE OF BIRTH: 11/10/1951
MRN #: WD7686
DATE OF SERVICE: 06/02/2019
REFERRING PHYSICIAN: CHARLES HIGUERA, DC

Signed by B.V. REDDY, MD at 6/14/2019 8:12:04 PM

A handwritten signature in black ink, appearing to be "BV" or similar, enclosed within a circular scribble.

To: "A-10 Z MEDICAL CARE, PC" From: CDI, ages: 2



65-55 Woodhaven Blvd., Rego Park, NY, 11374
Tel: (718) 275-2200 Fax: (718) 275-7800
www.citimedny.com

PATIENT NAME: KHAN, MOHAMMAD
DATE OF BIRTH: 11/10/1951
MRN #: WD7686
DATE OF SERVICE: 06/02/2019
REFERRING PHYSICIAN: CHARLES HIGUERA, DC

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

INDICATION: Neck pain, rule out HNP.

TECHNIQUE: T1, T2, T2 GRE and STIR weighted sequences of the cervical spine were obtained.

COMPARISON: No prior studies were available for comparison at the time of dictation.

FINDINGS: The visualized portions of the posterior fossa are within normal limits. The craniocervical junction is unremarkable.

There are multilevel diffuse posterior disc bulges between C3 and C7, and with superimposed subligamentous herniations.

Most prominent herniations are noted at C3-C4, C4-C5, C5-C6 and C6-C7. The multilevel herniations narrow the lateral recess, impinging on ventral thecal takeoff of traversing C5, C6, C7 and C8 nerve roots respectively, with disc space narrowing and signal loss at C4-C5 and C5-C6. There is mild facet joints widening.

Remainder of the cervical disc levels are of normal height and hydration, and show no evidence of significant bulge or herniation.

There is no fracture or listhesis. Vertebral marrow signal is preserved. The cord signal is normal.

There is normal cervical lordosis.

IMPRESSION:

Multilevel posterior (herniations) between C3 and C7 with regional nerve root impingement as described. Significant bilateral neural foraminal narrowing predominantly at C4-C5 and C6-C7.

Thank you for the opportunity to participate in the care of this patient.

A handwritten signature in black ink, appearing to be 'CH' or similar initials, enclosed in a circular scribble.

To: "A TO Z MEDICAL CARE, PC" From: CDI Pages: 2



65-55 Woodhaven Blvd., Rego Park, NY, 11374
Tel: (718) 275-2200 Fax: (718) 275-7800
www.citimedny.com

PATIENT NAME: KHAN, MOHAMMAD
DATE OF BIRTH: 11/10/1951
MRN #: WD7686
DATE OF SERVICE: 06/02/2019
REFERRING PHYSICIAN: CHARLES HIGUERA, DC

B.V. Reddy MD

(CH)

B.V. REDDY, MD.
Diagnostic Radiologist and Nuclear Medicine Physician
Diplomate of ABNM and ABR
Body/MRI and Breast Imaging Specialist
ER Radiologist

Signed by B.V. REDDY, MD at 6/14/2019 8:12:16 PM

To: A Z MEDICAL CARE, PC From: CDF



65-55 Woodhaven Blvd., Rego Park, NY, 11374
Tel: (718) 275-2200 Fax: (718) 275-7800
www.citimedy.com

PATIENT NAME: KHAN, MOHAMMAD
DATE OF BIRTH: 11/10/1951
MRN #: WD7686
DATE OF SERVICE: 06/02/2019
REFERRING PHYSICIAN: CHARLES HIGUERA, DC

MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

INDICATION: Pain

COMPARISON: No prior study was available for comparison at the time of dictation.

TECHNIQUE: T1, T2, and PD, axial, coronal, and sagittal sequences were obtained.

FINDINGS:

No os acromiale. Acromioclavicular joint is normal. Lateral downsloping acromion.

Tendinosis and bursal surface fraying of the supraspinatus and infraspinatus tendons. Intact subscapularis tendon. Intact biceps tendon and biceps anchor. Tear of the superior labrum from the 10:00 to 2:00 positions.

The inferior glenohumeral ligament is intact. Teres minor tendon is normal. No muscle atrophy.

No fracture. Bone marrow signal is normal. Glenohumeral cartilage is intact.

No effusion. No subacromial/subdeltoid bursitis. No intra-articular loose body.

IMPRESSION:

1. Lateral downsloping acromion.
2. Tendinosis and bursal surface fraying of the supraspinatus and infraspinatus tendons.
3. Tear of the superior labrum from the 10:00 to 2:00 positions.

Thank you for the opportunity to participate in the care of this patient.

To: "Z MEDICAL CARE, PC From: CDI 2/20/2021



65-55 Woodhaven Blvd., Rego Park, NY, 11374
Tel: (718) 275-2200 Fax: (718) 275-7800
www.citimedny.com

PATIENT NAME:	KHAN, MOHAMMAD
DATE OF BIRTH:	11/10/1951
MRN #:	WD7686
DATE OF SERVICE:	06/02/2019
REFERRING PHYSICIAN:	CHARLES HIGUERA, DC

A handwritten signature in black ink, appearing to read 'Priyesh Patel'.

PRIYESH PATEL, M.D., M.P.H.
Board Certified Diagnostic Radiologist
Musculoskeletal & Spine Imaging Specialist

Signed by PRIYESH PATEL, MD, MPH at 6/5/2019 11:46:51 AM

Page 1 of 4 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)
MV-104AN (7/11)

0318540680101088

Precinct
088
Accident No.
MV-2019-088-000210Complaint
Number☐ AMENDED REPORT

1	Accident Date Month 2 Day 15 Year 2019	Day of Week FRIDAY	Military Time 18:13	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input checked="" type="checkbox"/> Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19
2	VEHICLE 1			VEHICLE 2 - Driver License ID Number 579839187			State of Lic. NY			20
2	VEHICLE 1 - Driver License ID Number 316272789			Driver Name - exactly as printed on license KHAN, MUHAMMAD, J			Apt. No.			21
2	Driver Name - exactly as printed on license MCINTOSH-GARRAWAY, SHELLY, S			Address (Include Number & Street) 145 SOUTH PORTLAND AVENUE			State of Lic. NY			22
2	Address (Include Number & Street) 677 EAST 91 STREET			City or Town BROOKLYN			Zip Code 11217			23
2	City or Town BROOKLYN			State NY			Zip Code 11236			24
2	Date of Birth Month 1 Day 13 Year 1975			Sex F			Unlicensed <input type="checkbox"/> No. of Occupants 1			25
2	Name - exactly as printed on registration KHAN, MUHAMMAD, J			Sex M			Date of Birth Month 11 Day 10 Year 1951			26
2	Address (Include Number & Street) 145 SOUTH PORTLAND AVENUE			Apt. No.			Haz. Mat. Code			27
2	City or Town BROOKLYN			State NY			Zip Code 11217			28
2	Plate Number 3510372			State of Reg. NY			Vehicle Year & Make 2006 TOYOTA			29
2	Vehicle Type BOX TRUCK			Ins. Code 100			Vehicle Year & Make 2006 TOYOTA			30
2	Ticket/Arrest Number(s)			Violation Section(s)			Diagram Attached on Subsequent Page			31
2	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.			Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.			Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.			32
2	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 5 5 Enter up to three more Damage Codes 18 18 18			VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 1 1 Enter up to three more Damage Codes 18 18 18			ACCIDENT DIAGRAM 5 RIGHT TURN (SAME DIR)			33
2	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER			Place Where Accident Occurred: <input type="checkbox"/> BRONX <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND			Road on which accident occurred: ATLANTIC AVENUE			34
2	Reference Marker			Coordinates (if available) Latitude/Northing: 40.682 Longitude/Easting: -73.96867			at 1) intersecting street CLERMONT AVENUE			35
2	Accident Description/Officer's Notes			AT TPO OPERATOR OF VEHICLE NUMBER ONE STATES, SHE WAS GOING W/B ON ATLANTIC, ON THE RIGHT MOST LANE, WHEN SHE WAS TURNING RIGHT ONTO N/B CLERMONT VEHICLE;			NUMBER TWO DID HIT HER TRUCK. CAUSING DAMAGE TO THE LEFT SIDE OF THE TRUCK. OPERATOR OF VEHICLE TWO FURTHER STATES THAT VEHICLE TWO WAS STATIONARY PRIOR TO HER STARTING TO MAKE THE TURN. AT TPO OPERATOR OF VEHICLE TWO STATES HE WAS FULLY STOPPED FACING W/B ON			36
2	Names of all involved			MCINTOSH-GARRAWAY, SHELLY, S			Date of Death Only			37
2	KHAN, MUHAMMAD, J									38
2	Officer's Rank and Signature			Tax ID No. 961761			NCIC No. 03030			39
2	Print Name in Full GIOVANNI FIERRO			Precinct 088			Post/Sector			40
2	Reviewing Officer LT STEPHEN K LEUZE			Date/Time Reviewed 02/21/2019 17:05						41

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

First		M.I.	Last Name		First	M.I.
Last Name			Address			
Address			Date of Birth		Telephone (Area Code)	
Month	Day	Year	()			
Last Name			First		M.I.	
Address			Date of Birth		Telephone (Area Code)	
Month	Day	Year	()			
Last Name			First		M.I.	
Address			Date of Birth		Telephone (Area Code)	
Month	Day	Year	()			
Last Name			First		M.I.	
Address			Highway Dist. at Scene?		Shield No.	
Date of Birth			Month		Day	
Month	Day	Year	()			

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 _____ Vehicle No. 2 4089-51-71-24
 Expiration Date _____ Expiration Date 08/15/2019
 VIN 4UZAANCP64CL85135 VIN 5TDZA23C56S433213

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone
WHITE, MONIQUE		9294319771
LYNCH, JOAN		3474880809

DUPLICATE COPY REQUIRED FOR:

- ☐ Dept. of Motor Vehicles (if anyone is killed/injured)
 ☐ Motor Transport Division (P.D. vehicle involved)
 ☐ NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
 ☐ Other City Agency/ (Specify) _____
- ☐ Office of Comptroller (if a City vehicle involved)
 ☐ Personnel Safety Unit (if a P.D. vehicle involved)
 ☐ Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad number who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle		Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command		
Equipment in Use At Time of Accident <input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights							

ACTIONS OF POLICE VEHICLE

- ☐ Responding to Code Signal
 ☐ Pursuing Violator
 ☐ Other (Describe) _____
- ☐ Complying with Station House Directive
 ☐ Routine Patrol

Page 3 of 4 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)
MV-104AN (7/11)Precinct
088
Accident No.
MV-2019-088-000210Complaint
Number☐ AMENDED REPORT

1	Accident Date Month: 2, Day: 15, Year: 2019	Day of Week FRIDAY	Military Time 18:13	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input checked="" type="checkbox"/> Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19
2	VEHICLE		State of Lic.	VEHICLE - Driver License ID Number		Driver Name - exactly as printed on license		Apt. No.		20
3	Date of Birth Month: , Day: , Year:		Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	City or Town		State	Zip Code
4	Name - exactly as printed on registration		Sex	Date of Birth Month: , Day: , Year:	Name - exactly as printed on registration		Sex	Date of Birth Month: , Day: , Year:	Address (Include Number & Street)	
5	Address (Include Number & Street)		Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street)		Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>
6	City or Town		State	Zip Code	City or Town		State	Zip Code	Plate Number	
7	Plate Number		State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Ticket/Arrest Number(s)		Violation Section(s)	
8	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.		Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.		Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.					
9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes		VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes		ACCIDENT DIAGRAM					
10	Vehicle By Towed: To		Vehicle By Towed: To		DIAGRAM ATTACHED ON SUBSEQUENT PAGE					
11	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		5 RIGHT TURN (SAME DIR)					
12	Reference Marker		Coordinates (if available) Latitude/Northing: 40.682 Longitude/Easting: -73.96867		Place Where Accident Occurred: <input type="checkbox"/> BRONX <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND					
13	Road on which accident occurred		ATLANTIC AVENUE		Road on which accident occurred					
14	at 1) intersecting street		CLERMONT AVENUE		at 1) intersecting street					
15	or 2) Feet Miles		CLERMONT AVENUE		or 2) Feet Miles					
16	Accident Description/Officer's Notes		ATLANTIC WHEN VEHICLE NUMBER ONE WAS MAKING A SHARP RIGHT TURN FROM		Accident Description/Officer's Notes					
17	THE MIDDLE LANE HITTING HIS VEHICLE. CAUSING DAMAGE TO THE LEFT SIDE OF THE FRONT BUMPER.		AT TPO BOTH WITNESSES CORROBORATE OPERATOR OF VEHICLE ONE STORY. NO PINS OR INJURIES		THE MIDDLE LANE HITTING HIS VEHICLE. CAUSING DAMAGE TO THE LEFT SIDE OF THE FRONT BUMPER.					
18	REPORTED AT TIME OF THIS REPORT. VEHICLE ONE IS A UNITED STATES POSTAL SERVICE VEHICLE		AND IS SELF INSURED.		REPORTED AT TIME OF THIS REPORT. VEHICLE ONE IS A UNITED STATES POSTAL SERVICE VEHICLE					
19	Names of all involved		Date of Death Only		Names of all involved					
20	Officer's Rank and Signature		POM		Officer's Rank and Signature					
21	Print Name in Full		GIOVANNI FIERRO		Print Name in Full					
22	Tax ID No.		961761		Tax ID No.					
23	NCIC No.		03030		NCIC No.					
24	Precinct		088		Precinct					
25	Post/Sector		LT STEPHEN K LEUZE		Post/Sector					
26	Date/Time Reviewed		02/21/2019 17:05		Date/Time Reviewed					

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

Last Name _____ First _____ M.I. _____ Address _____ Date of Birth _____ Telephone (Area Code) _____ Month Day Year () Last Name _____ First _____ M.I. _____ Address _____ Date of Birth _____ Telephone (Area Code) _____ Month Day Year () Last Name _____ First _____ M.I. _____ Address _____ Date of Birth _____ Telephone (Area Code) _____ Month Day Year ()	Last Name _____ First _____ M.I. _____ Address _____ Date of Birth _____ Telephone (Area Code) _____ Month Day Year () Last Name _____ First _____ M.I. _____ Address _____ Date of Birth _____ Telephone (Area Code) _____ Month Day Year () Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Shield No. _____
--	---

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. _____ Expiration Date _____
 VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

<input type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)	<input type="checkbox"/> Other City Agency (Specify) _____
<input type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit _____	

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle	Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	
Equipment in Use At Time of Accident <input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights						

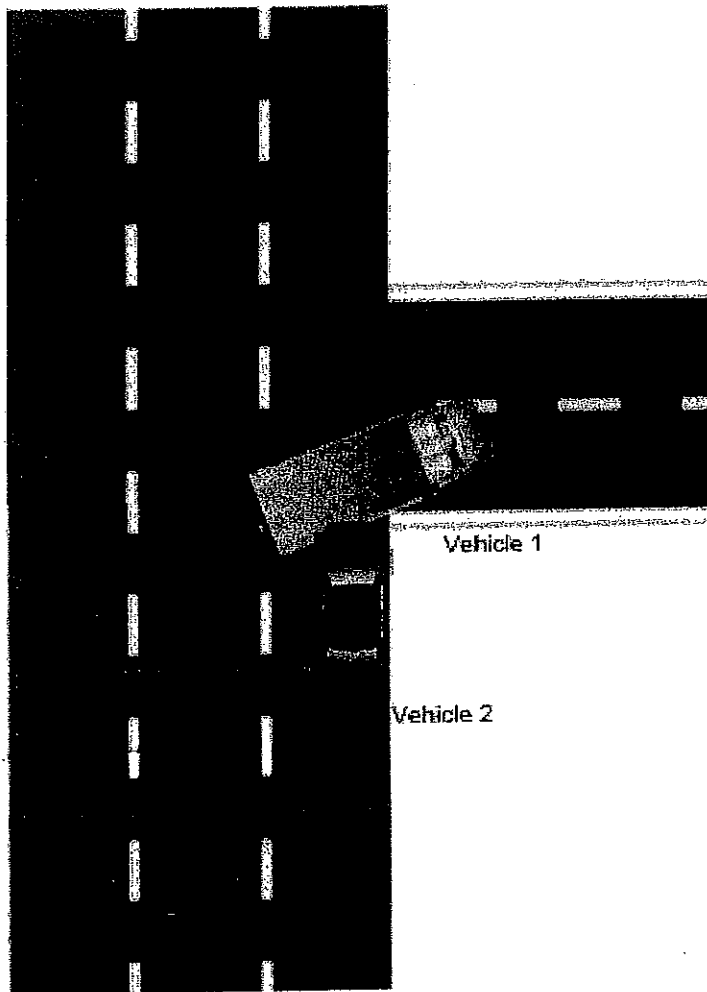
ACTIONS OF POLICE VEHICLE

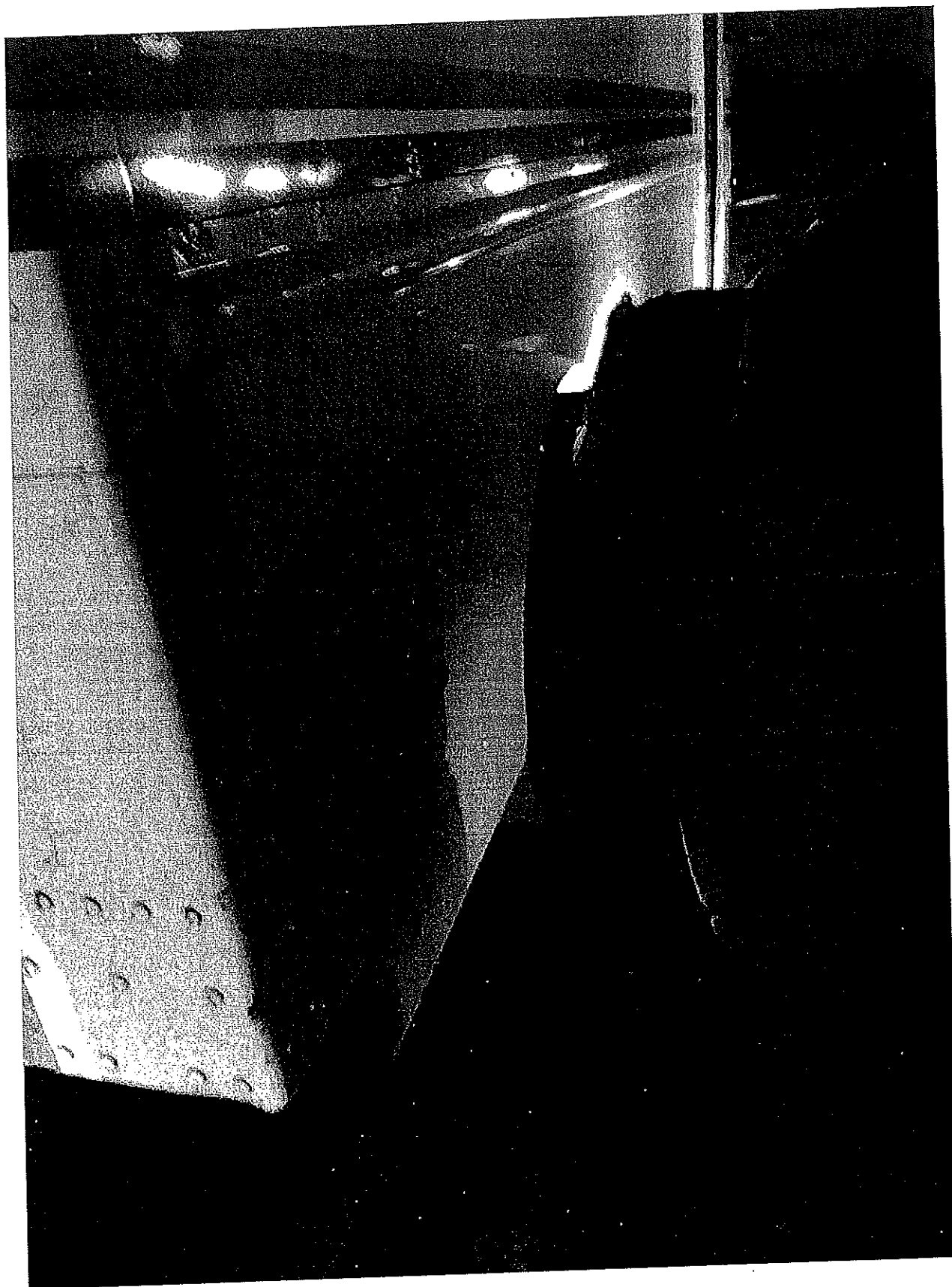
<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe) _____	

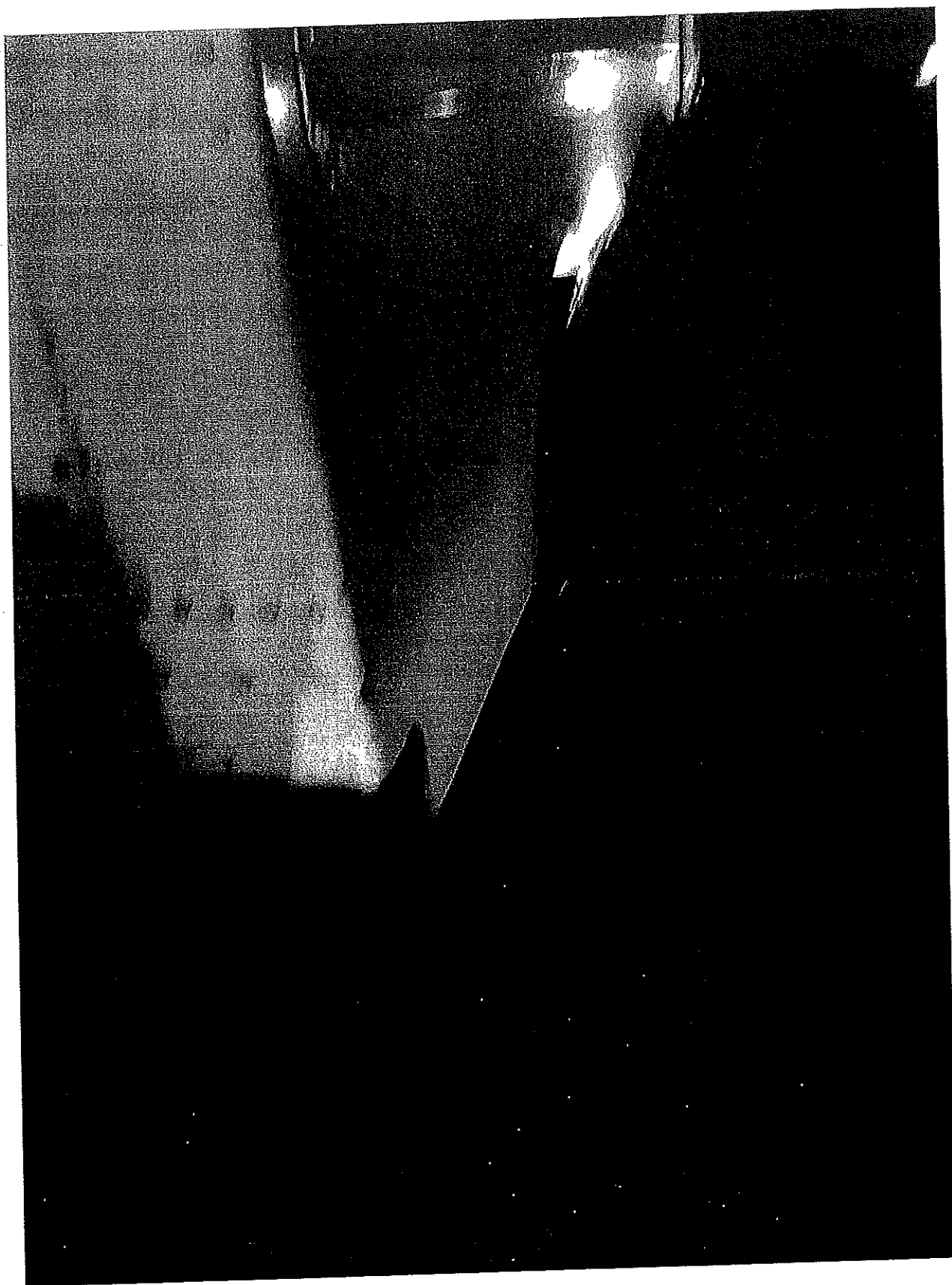
Right Turn (same dir) : MV-2019-088-000210

Reporting Officer : POM GIOVANNI FIERRO

Reviewing Officer : LT STEPHEN K LEUZE Reviewed Date : 02/21/2019 17:05







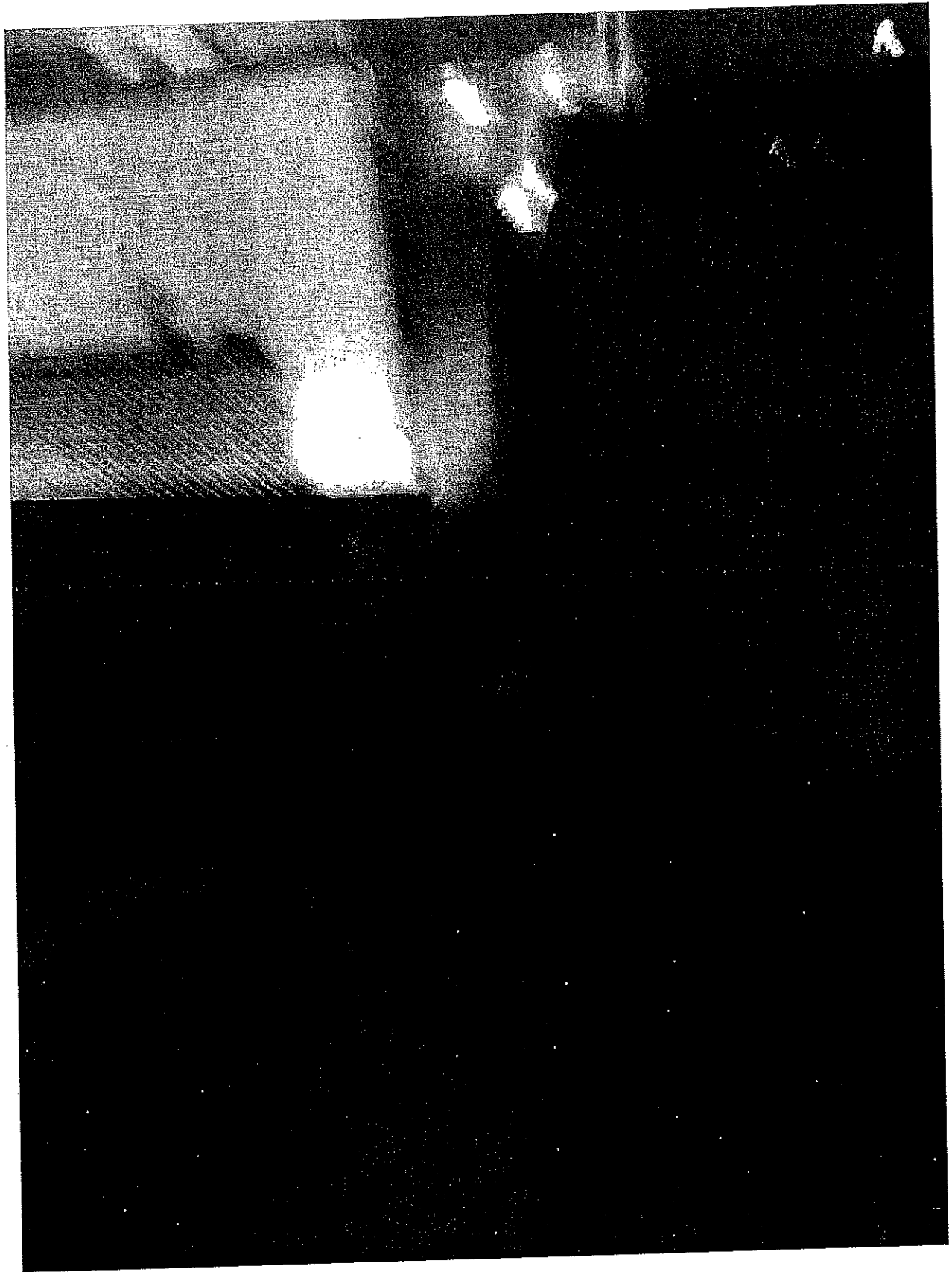


EXHIBIT “B”

LAW DEPARTMENT
NATIONAL TORT CENTER



CERTIFIED NO. 7020 3160 0001 3688 0823
RETURN RECEIPT REQUESTED

August 10, 2021

Mr. Joseph R. Bongiorno
Attorney at Law
250 Mineola Boulevard
Mineola, NY 11501

Re: Your Client: Mohammed Khan
Date of Incident: February 15, 2019

Dear Mr. Bongiorno:

This is in reference to the administrative claim you filed on behalf of the above-referenced claimant under the provisions of the Federal Tort Claims Act, as a result of injuries allegedly sustained on or about February 15, 2019.

The Postal Service is not legally obligated to pay all losses which may occur, but only those caused by the negligent or wrongful act or omission of an employee acting in the scope of his/her employment. We are guided in our determination by all the information available to us, including the reports of our personnel and any other persons acquainted with the facts.

As to the incident at issue, an investigation of this matter failed to establish a negligent act or omission on the part of the U.S. Postal Service or its employees. Two independent witnesses confirm that your client pulled away from the curb and collided with the Postal Service vehicle. While we regret any injury that may have occurred, we cannot accept legal liability for these alleged damages.

Additionally, even if it could be said that the Postal driver was somehow negligent, which the Postal Service adamantly denies, we do not believe that your client's injuries are causally related to this very minor collision. Moreover, even if they are somehow found related, it is our opinion that based on the medical documentation provided to date that Mr. Kahn has not suffered a "serious injury" as a result of this accident, as that term is defined in N.Y. CLS Ins § 5102(d) (2002), such as to entitle him to recover for non-economic loss.

For all of the foregoing reasons, this claim is denied.

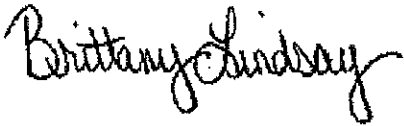
- 2 -

In accordance with 28 U.S.C. § 2401(b) and 39 C.F.R. 912.9(a), if dissatisfied with the Postal Service's final denial of an administrative claim, a claimant may file suit in a United States District Court no later than six (6) months after the date the Postal Service *mails* the notice of that final action. Accordingly, any suit filed in regards to this denial must be filed no later than six (6) months from the date of the mailing of this letter, which is the date shown above. Further, note the United States of America is the only proper defendant in a civil action brought pursuant to the Federal Tort Claims Act and such suit may be heard only by a federal district court.

Alternatively, and in accordance with the regulations set out at 39 C.F.R. 912.9(b), prior to the commencement of suit and prior to the expiration of the six (6) month period provided in 28 U.S.C. § 2401(b), a claimant, his duly authorized agent, or legal representative, may file a written request for reconsideration with the postal official who issued the final denial of the claim. Upon the timely filing of a request for reconsideration, the Postal Service shall have six (6) months from the date of filing in which to make a disposition of the claim and the claimant's option under 28 U.S.C. § 2675(a) shall not accrue until six (6) months after the filing of the request for reconsideration.

A request for reconsideration of a final denial of a claim shall be deemed to have been filed when received in this office.

Sincerely,

A handwritten signature in black ink that reads "Brittany Lindsay". The signature is written in a cursive, flowing style.

Brittany Lindsay
Tort Claim Adjudicator

cc: Xiomara Nunez
Tort Claims Coordinator
File No. 110-19-00424732A

CIV NO.
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

MUHAMMAD J. KAHN,

Plaintiff(s),

- against -

THE UNITED STATES POSTAL SERVICE and SHELLY S. MCINTOSH-GARRAWAY,

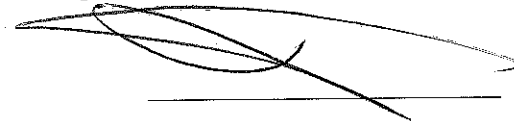
Defendant(s).

VERIFIED COMPLAINT

THE LAW OFFICES OF JOSEPH R. BONGIORNO & ASSOCIATES, PC
Attorneys for Plaintiff
220 Mineola Boulevard
Mineola, NY 11501
Tel: 516-741-2405, Fax: 516-741-2554

To

Signature

A handwritten signature in black ink, appearing to be "Joseph R. Bongiorno", written over a horizontal line.

Attorney(s) for
